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**CLIENT INFORMATION SHEET**

**CLIENT NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**INSTRUCTIONS:** Please complete this questionnaire. If you will spend the time to complete all items, you will give us the background information necessary to begin to understand the complexity of the personal aspects of your family law problem. All information will be held in strict confidence.

**NOTICE:** Pursuant to Texas Rule of Civil Procedure 192.5 along with all corresponding Rules of Evidence associated therewith, the information contained within this document will be the work product of the attorney whose client name is referenced above. All information herein has been prepared in anticipation of litigation or for trial by or for a party or a party's representatives, including the party's attorneys, consultants, sureties, indemnitors, insurers, employees, or agents.

Who referred you to this office?

\_\_\_\_\_: My friend whose name is \_\_\_\_\_.

\_\_\_\_\_: An Attorney whose name is \_\_\_\_\_.

\_\_\_\_\_: The Yellow Pages of the \_\_\_\_\_ directory.

\_\_\_\_\_: The San Antonio Bar Association.

\_\_\_\_\_: Other \_\_\_\_\_.

1. Please provide the following information for potential client:

Name : \_\_\_\_\_  
Maiden Name : \_\_\_\_\_  
Date of Birth : \_\_\_\_\_  
Place of Birth : \_\_\_\_\_  
Social Security : \_\_\_\_\_  
Driver's License # : \_\_\_\_\_

2. Where are you living now?

Street Address : \_\_\_\_\_  
City : \_\_\_\_\_  
State / Zip Code : \_\_\_\_\_  
How long in State : \_\_\_\_\_  
County of Residence : \_\_\_\_\_  
How long in County : \_\_\_\_\_  
Residence telephone : \_\_\_\_\_  
Mobile telephone : \_\_\_\_\_  
Email Address : \_\_\_\_\_

3. Please complete the following concerning your employment:

Employer : \_\_\_\_\_  
Job title : \_\_\_\_\_  
Full address : \_\_\_\_\_  
Telephone number : \_\_\_\_\_  
Gross salary/monthly : \_\_\_\_\_  
Annual gross (including bonuses, Stock options, etc.): \_\_\_\_\_  
Length of employment : \_\_\_\_\_  
Education/Training : \_\_\_\_\_

4. Please give your spouse's full name, date and place of birth, Social Security number, drivers license number:

Name : \_\_\_\_\_  
Maiden Name : \_\_\_\_\_  
Date of Birth : \_\_\_\_\_  
Place of Birth : \_\_\_\_\_  
Social Security : \_\_\_\_\_  
Driver's License # : \_\_\_\_\_

5. Where is your spouse living and what is your spouse's telephone number?

Street Address : \_\_\_\_\_  
City : \_\_\_\_\_  
State / Zip Code : \_\_\_\_\_  
How long in State : \_\_\_\_\_  
County of Residence : \_\_\_\_\_  
How long in County : \_\_\_\_\_  
Residence telephone : \_\_\_\_\_

6. Please complete the following concerning your spouse's employment:

Employer : \_\_\_\_\_  
Job title : \_\_\_\_\_  
Full address : \_\_\_\_\_  
Telephone number : \_\_\_\_\_  
Gross salary/monthly : \_\_\_\_\_  
Annual gross (including bonuses, Stock options, etc.): \_\_\_\_\_  
Length of employment: \_\_\_\_\_  
Education/Training : \_\_\_\_\_

7. Please give the date of your marriage and separation:

Date of Marriage : \_\_\_\_\_  
Date of Separation : \_\_\_\_\_

8. If there are any children of this marriage, answer the following.

Name of Child : \_\_\_\_\_  
Sex of Child : \_\_\_\_\_  
Date of Birth : \_\_\_\_\_  
Place of Birth : \_\_\_\_\_  
Social Security : \_\_\_\_\_

Name of Child : \_\_\_\_\_  
Sex of Child : \_\_\_\_\_  
Date of Birth : \_\_\_\_\_  
Place of Birth : \_\_\_\_\_  
Social Security : \_\_\_\_\_

Name of Child : \_\_\_\_\_  
Sex of Child : \_\_\_\_\_  
Date of Birth : \_\_\_\_\_  
Place of Birth : \_\_\_\_\_  
Social Security : \_\_\_\_\_

9. Will there be a dispute over custody of the children? \_\_\_\_\_

If not, who will have custody? \_\_\_\_\_

10. Check as appropriate if your marital difficulties involve any of the following:

- \_\_\_\_\_ Drugs/alcohol
- \_\_\_\_\_ Sexual disappointment
- \_\_\_\_\_ Sexual infidelity
- \_\_\_\_\_ Financial dispute
- \_\_\_\_\_ Physical violence
- \_\_\_\_\_ Incompatibility
- \_\_\_\_\_ Other \_\_\_\_\_

11. Have you or your spouse ever filed for a divorce? \_\_\_\_\_

If so, when and where? \_\_\_\_\_

12. Does your spouse now have an attorney? \_\_\_\_\_  
If so, whom? \_\_\_\_\_

13. If a divorce is granted, should the wife's maiden or prior name be restored? \_\_\_\_\_  
If so, what name will be used? \_\_\_\_\_

14. Have you been married before? \_\_\_\_\_  
If so, how many times? \_\_\_\_\_  
Any children? \_\_\_\_\_

If there are children from a previous marriage, please give full name, sex, date and place of birth.

Name of Child : \_\_\_\_\_  
Date of Birth : \_\_\_\_\_

Name of Child : \_\_\_\_\_  
Date of Birth : \_\_\_\_\_

Name of Child : \_\_\_\_\_  
Date of Birth : \_\_\_\_\_

With whom do these children reside? \_\_\_\_\_

15. Do you pay or receive child support? \_\_\_\_\_

16. Has your spouse been married before? \_\_\_\_\_  
If so, how many times? \_\_\_\_\_  
Any children? \_\_\_\_\_

17. Please list all Real Estate Property:

Address #1 : \_\_\_\_\_  
Legal Description : \_\_\_\_\_  
: \_\_\_\_\_

Mortgage Company : \_\_\_\_\_  
Amount of Original Note : \_\_\_\_\_  
Note Executed by : \_\_\_\_\_  
Date of Original Note : \_\_\_\_\_  
Year Bought : \_\_\_\_\_  
Estimate Current Mkt. Value : \_\_\_\_\_  
Monthly Payments : \_\_\_\_\_  
Mortgage Balance : \_\_\_\_\_

Address #2 : \_\_\_\_\_  
Legal Description : \_\_\_\_\_  
: \_\_\_\_\_

Mortgage Company : \_\_\_\_\_  
Amount of Original Note : \_\_\_\_\_  
Note Executed by : \_\_\_\_\_  
Date of Original Note : \_\_\_\_\_  
Year Bought : \_\_\_\_\_  
Estimate Current Mkt. Value : \_\_\_\_\_  
Monthly Payments : \_\_\_\_\_  
Mortgage Balance : \_\_\_\_\_

18. List all Bank Accounts, Savings Accounts, C.D.'s, Credit Union, Savings bonds:

Name of Bank : \_\_\_\_\_  
Address : \_\_\_\_\_  
Account Type : \_\_\_\_\_  
(Checking, Savings, IRA, etc.)  
Account Name : \_\_\_\_\_  
Account Number : \_\_\_\_\_  
Amount on Deposit : \_\_\_\_\_  
Authorized Users : \_\_\_\_\_  
  
Name of Bank : \_\_\_\_\_

Address : \_\_\_\_\_  
Account Type : \_\_\_\_\_  
(Checking, Savings, IRA, etc.)  
Account Name : \_\_\_\_\_  
Account Number : \_\_\_\_\_  
Amount on Deposit : \_\_\_\_\_  
Authorized Users : \_\_\_\_\_

19. List all Motor vehicles, Boats, Airplanes, Cycles, Trailers:

Year / Make / Model : \_\_\_\_\_  
Vehicle ID Number : \_\_\_\_\_  
Name on Title : \_\_\_\_\_  
Vehicle in Possession of : \_\_\_\_\_  
Debt owed to : \_\_\_\_\_  
Address : \_\_\_\_\_  
Loan Balance : \_\_\_\_\_  
Year / Make / Model : \_\_\_\_\_  
Vehicle ID Number : \_\_\_\_\_  
Name on Title : \_\_\_\_\_  
Vehicle in Possession of : \_\_\_\_\_  
Mortgage with : \_\_\_\_\_  
Address : \_\_\_\_\_  
Loan Balance : \_\_\_\_\_

Year / Make / Model : \_\_\_\_\_  
Vehicle ID Number : \_\_\_\_\_  
Name on Title : \_\_\_\_\_  
Vehicle in Possession of : \_\_\_\_\_  
Debt owed to : \_\_\_\_\_  
Address : \_\_\_\_\_  
Loan Balance : \_\_\_\_\_

Year / Make / Model : \_\_\_\_\_  
Vehicle ID Number : \_\_\_\_\_  
Name on Title : \_\_\_\_\_  
Vehicle in Possession of : \_\_\_\_\_  
Debt owed to : \_\_\_\_\_  
Address : \_\_\_\_\_  
Loan Balance : \_\_\_\_\_

20. List all Retirement, Pensions, and Savings Plans.

(Defined Contribution, Defined Benefit, IRA/SEP, Military Benefits, Government Retirement)

Do you participate in any retirement plan? \_\_\_\_\_

If so, describe the plan: \_\_\_\_\_

Does your Spouse participate in any retirement plan? \_\_\_\_\_

If so, describe the plan: \_\_\_\_\_

Do you participate in any company savings plan? \_\_\_\_\_

How much is in the plan: \$ \_\_\_\_\_

Does your Spouse participate in any company savings plan? \_\_\_\_\_

How much is in the plan: \$ \_\_\_\_\_

21. List any other Deferred Compensation Benefits (e.g., workers' compensation, disability benefits, bonuses and other "special payments," employee stock options, and other forms of compensation)

Name or Type of Your Benefit: \_\_\_\_\_

Please describe the benefit: \_\_\_\_\_

Name or Type of your Spouse's Benefit: \_\_\_\_\_

Please describe the benefit: \_\_\_\_\_

22. List all Life Insurance or Annuities:

Insurance Company : \_\_\_\_\_

Policy # : \_\_\_\_\_

Date of Issue : \_\_\_\_\_



Face Amount : \_\_\_\_\_  
 Insuring Life of : \_\_\_\_\_  
 Beneficiary : \_\_\_\_\_  
 Type of Policy (Whole Life) (Term) (Universal)  
 Amount of Premiums : \_\_\_\_\_  
 Frequency : \_\_\_\_\_  
 Cash Value : \_\_\_\_\_  
 Loans against policy : \_\_\_\_\_  
  
 Insurance Company : \_\_\_\_\_  
 Policy # : \_\_\_\_\_  
 Date of Issue : \_\_\_\_\_  
 Face Amount : \_\_\_\_\_  
 Insuring Life of : \_\_\_\_\_  
 Beneficiary : \_\_\_\_\_  
 Type of Policy (Whole Life) (Term) (Universal)  
 Amount of Premiums : \_\_\_\_\_  
 Frequency : \_\_\_\_\_  
 Cash Value : \_\_\_\_\_  
 Loans against policy : \_\_\_\_\_

23. List any Brokerage or Mutual Fund Accounts:

Name of Account : \_\_\_\_\_  
 Estimate amount invested : \_\_\_\_\_

Name of Account : \_\_\_\_\_  
 Estimate amount invested : \_\_\_\_\_

Name of Account : \_\_\_\_\_  
 Estimate amount invested : \_\_\_\_\_

24. List all Stocks, Bonds, and Other Securities:  
(include securities not previously disclosed in this interview)

Name of Stock : \_\_\_\_\_

Estimate amount invested : \_\_\_\_\_

Name of Stock : \_\_\_\_\_

Estimate amount invested : \_\_\_\_\_

Name of Stock : \_\_\_\_\_

Estimate amount invested : \_\_\_\_\_

Name of Stock : \_\_\_\_\_

Estimate amount invested : \_\_\_\_\_

25. List all Closely Held Business Interests:

Name of Business : \_\_\_\_\_

Percentage of Ownership : \_\_\_\_\_

Number of Shares Owned : \_\_\_\_\_

Value of Interest : \_\_\_\_\_

Name of Business : \_\_\_\_\_

Percentage of Ownership : \_\_\_\_\_

Number of Shares Owned : \_\_\_\_\_

Value of Interest : \_\_\_\_\_

26. Does anyone owe you or your spouse money? \_\_\_\_\_

How much is owed \$ \_\_\_\_\_

Owed by whom : \_\_\_\_\_

27. Are you involved in any lawsuits? \_\_\_\_\_

If so, please explain : \_\_\_\_\_

\_\_\_\_\_

28. Do you belong to any clubs with an equity interest? \_\_\_\_\_

If so, where : \_\_\_\_\_

29. List any and all Other Assets name any other assets or property not named above:

\_\_\_\_\_  
\_\_\_\_\_

30. Debts: (Other than house and/or automobiles; e.g., Charge Cards, Personal Loans, etc.)

a. \_\_\_\_\_ \$ \_\_\_\_\_

b. \_\_\_\_\_ \$ \_\_\_\_\_

c. \_\_\_\_\_ \$ \_\_\_\_\_

d. \_\_\_\_\_ \$ \_\_\_\_\_

e. \_\_\_\_\_ \$ \_\_\_\_\_

f. \_\_\_\_\_ \$ \_\_\_\_\_

31. Income Tax

Have you filed for all previous years? \_\_\_\_\_

Prepared by whom : \_\_\_\_\_

Refund received? : \_\_\_\_\_

If so, how much : \$ \_\_\_\_\_

32. Separate Property

Do **you** own any separate property (property owned before marriage or property received during marriage as a gift or inheritance)? \_\_\_\_\_

If so, detail property : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

33. Does your **spouse** own separate property? \_\_\_\_\_

If so, detail property : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_